



ATTORNEY DOCKET NO. 05145.0009U1
PATENT

1FW 2621

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Jayant et al.) Art Unit: 2621
Application No.: 09/903,028)
Examiner: Rosario, Dennis
Filing Date: July 11, 2001)
Confirmation No.: 9832
For: "ADAPTIVE EDGE DETECTION)
AND ENHANCEMENT FOR IMAGE)
PROCESSING")

AMENDMENT/RESPONSE TO OFFICE ACTION TRANSMITTAL

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

Sir:

Transmitted herewith is/are the following in the above-identified application:

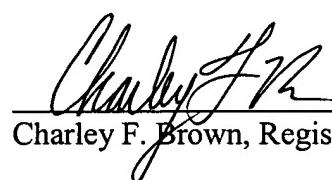
- | | |
|---|--|
| <input checked="" type="checkbox"/> Amendment / Response to Office Action | <input type="checkbox"/> Petition for Extension of Time |
| <input checked="" type="checkbox"/> Fee as calculated below | <input type="checkbox"/> Supplemental Declaration |
| <input type="checkbox"/> No Additional Fee Required | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Corrected Drawings | <input checked="" type="checkbox"/> Other: <u>Return Postcard.</u> |

CLAIMS AS AMENDED							
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims		26		6	X \$50.00		\$300.00
Independent Claims		4		1	X \$200.00		\$200.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$360.00		\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input checked="" type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>		\$1,020.00
<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -							-\$760.00
Total Fee Due							\$760.00

Payment:

- A check in the amount of \$ _____ is enclosed.
- Payment by credit card in the amount of \$760.00 for the fees designated above.
(Form PTO-2038 enclosed).
- The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$ _____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

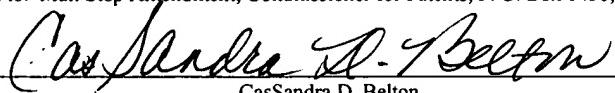


Charley F. Brown, Registration No. 52,658

NEEDLE & ROSENBERG, P.C.
Customer Number 23859
(678) 420-9300 (Telephone)
(678) 420-9301 (Facsimile)

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence, including any items indicated as being attached or enclosed, is being transmitted via First Class U.S. Mail to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.



CasSandra D. Belton

5/10/06
Date